

Medical Review Analyst

Description:

The Data Mining Unit within the Medicaid Fraud Division is seeking a Medical Review Analyst. The unit primarily works with Medicaid claims data to identify indicators or patterns of potentially fraudulent, abusive or wasteful behavior on the part of Medicaid providers and recipients. The unit is responsible to run the SURS (Surveillance and Utilization Review Subsystem) program which is an exception-based, post-payment review process. This program provides the tool to identify providers with aberrant patterns of practice and recipients whose use of Medicaid services is questionable. The unit reviews these outliers and makes recommendations to correct the problem. In addition to the SURS function, the unit are responsible to run reports requested by Division staff and other governmental staff.

Responsibilities:

- Developing, reviewing and analyzing reports
- Conducting reviews of provider and recipient utilization patterns
- Assisting in formulating parameters for algorithms
- Applying valid sampling techniques and analytical methods
- Identifying trends in data
- Developing databases
- Designing output formats with more complex reporting
- Researching healthcare issues for reporting

Requirements:

- Bachelor's degree
- Three years related work experience including strong computer skills
- Ability to use Word, Excel, and Access databases
- Ability to use and understand statistics
- Programming skills
- Medical billing experience preferred but not required

Candidates interested in employment opportunities with the Medicaid Fraud Division, should submit a resume to:

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